PATENT APPLICATION FEE DETERMINATION RECORD

Effective October 1, 2003

Application or Docket Number

10 8/0003

CLAIMS AS FILED - PART I SMALL ENTITY OTHER THA												THAN
٢-			(Column 1)		(Column 2)		7	TYPE		OR	SMALL ENTITY	
TOTAL CLAIMS			MD					RATE	FEE		RATE	FEE
FOR			NUMBER FILED		NUMBER EXTRA			BASIC FÉ	E 385.00	OR	BASIC FEE	770.00
TOTAL CHARGEABLE CLAIMS			M Jminus 20=		. 22			X\$ 9=		OR	X\$18=	396
INDEPENDENT CLAIMS			7 minus 3 =		•			X43=		OR	X86=	
М	ULTIPLE DEPE	NDENT CLAIM P	RESENT					+145=		OR	+290=	
• 1	f the difference	e in column 1 is	less than z	ero, enter	"0" in c	column 2	i	TOTAL	1	OR	TOTAL	1166
CLAIMS AS AMENDED - PART II									L	J O	OTHER	<u> </u>
		(Column 1)		(Colum	ın 2)	(Column 3)		SMALL	ENTITY	OR	SMALL	
AMENDMENT A		CLAIMS REMAINING AFTER AMENDMENT		HIGHE NUMB PREVIO PAID F	ER USLY	PRESENT EXTRA		RATE	ADDI- TIONAL FEE		RATE	ADDI- TIONAL FEE
	Total	*	Minus	**		=		X\$ 9=		OR	X\$18=	
AME	Independent	*	Minus			= .		X43=		OR	X86=	
FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM								+145=		1	+290=	
								TOTAL		OR	TOTAL	·
(Column 1)								DDIT. FEE		OR ,	ADDIT. FEE	
		(Column 1)		(Colum		(Column 3)				, ,		
AMENDMENT B		REMAINING AFTER AMENDMENT		NUMBI PREVIOL PAID FO	ER JSLY	PRESENT EXTRA		RATE	ADDI- TIONAL FEE		RATE	ADDI- TIONAL FEE
ND	Total	* ·	Minus	** ·		=		X\$ 9= .		OR	X\$18=	
AME	Independent	*	Minus	***	·	= .	7	X43= ·		OR	X86=	
	FIRST PRESE	NTATION OF MU	LTIPLE DEP	ENDENT C	CLAIM		H					
							L	+145= TOTAL		OR	+290=	•
										OR ,	TOTAL DDIT. FEE	
(Column 1) (Column 2) (Column 3)												
LENI C		CLAIMS REMAINING AFTER AMENDMENT		HIGHES NUMBE PREVIOU PAID FO	R SLY	PRESENT EXTRA	Γ	RATE	ADDI- TIONAL FEE		RATE	ADDI- TIONAL FEE
AMENDMENI	Total	*	Minus	frit		=		X\$ 9=		OR	X\$18=	
	Independent		Minus	state .	<u>_</u>	=	十	X43=			X86=	
	FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM						\vdash	740-		OR	×00=	<u> </u>
* If the entry in column 1 is less than the entry in column 2, write *0* in column 3.											+290=	·
 If	the "Highest Nurr	AD	TOTAL DIT. FEE		OR A	TOTAL DDIT. FEE						
T	he "Highest Numl	nber Previously Paid ber Previously Paid	For (Total or I	SPACE is le	ess than i	3, enter "3." ighest number			opriate box			